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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|------------------|
| Attorney Docket Number | API-03-13-PCT-US |
| First Named Inventor | Mark Parrington |
| COMPLETE IF KNOWN | |
| Application Number | 10/575,060 |
| Filing Date | 10/06/2004 |
| Art Unit | TBD |
| Examiner Name | TBD |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODIFIED CEA/B7 VECTOR

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 10/06/2004 as United States Application Number or PCT International

Application Number PCT/US04/33145 and was amended on (MM/DD/YYYY) 04/06/2006 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|---|
| PCT/US04/33145 | PCT | 10/06/2004 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: 65626 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | |
|--|---|
| NAME OF SOLE OR FIRST INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor |
|--|---|

| | |
|--|------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
|--|------------------------|

| | |
|------|------------|
| Mark | Parrington |
|------|------------|

| | |
|----------------------|------|
| Inventor's Signature | Date |
|----------------------|------|

| | | |
|------------------------|--|-----------------------|
| <i>Mark Parrington</i> | | <i>March 21, 2007</i> |
|------------------------|--|-----------------------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

| | | | |
|----------|---------|--------|----------|
| Bradford | Ontario | Canada | Canadian |
|----------|---------|--------|----------|

Mailing Address

214 Melbourne Drive

| | | | |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

| | | | |
|----------|---------|---------|--------|
| Bradford | Ontario | L3Z 2Y8 | Canada |
|----------|---------|---------|--------|

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 3 of 3

| | | | |
|---|--|---|-------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Linong | | Zhang | |
| Inventor's Signature |  | | Date Mar. 21, 07 |
| Concord Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| 133 Novella Road | | | |
| Mailing Address | | | |
| Concord City | Ontario State | L4K 5K6 Zip | Canada Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Rovinski | | Benjamin | |
| Inventor's Signature | | | Date |
| Thornhill Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| 40 Lunau Lane | | | |
| Mailing Address | | | |
| Thornhill City | Ontario State | L3T 5N2 Zip | Canada Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
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| Mailing Address | | | |
| City | State | Zip | Country |

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Attorney Docket Number

API-03-13-PCT-US

First Named Inventor

Mark Parrington

COMPLETE IF KNOWN

Application Number

10/575,060

Filing Date

October 6, 2004

Art Unit

Examiner Name

I hereby declare that:

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(Title of the Invention)

the specification of which

is attached hereto

OR

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
|-------------------------------------|---------|----------------------------------|--------------------------|--|
| | | | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> |

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[Page 1 of 7]

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DECLARATION — Utility or Design Patent Application

| | | | |
|---|---------------------------|--|-------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 656 2-6 OR <input type="checkbox"/> Correspondence address below | | | |
| Name Patrick J. Halloran, Aventis Pasteur, Inc. | | | |
| Address Intellectual Property, Knerr Bldg. One Discovery Drive | | | |
| City Swiftwater | State PA | ZIP 18370 | |
| Country USA | Telephone 570-839-5446 | Fax 570-895-2702 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Mark | | <input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Parrington | |
| Inventor's Signature | | | Date |
| Residence: City Bradford | State Ontario | Country CA | Citizenship CA |
| Mailing Address 214 Melbourne Dr. | | | |
| City Bradford | State Ontario | ZIP L3Z 2Y8 | Country CA |
| NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Linong | | <input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Zhang | |
| Inventor's Signature | | | Date |
| Residence: City Concord | State Ontario | Country CA | Citizenship CA |
| Mailing Address 133 Novella Road | | | |
| City Concord | State Ontario | ZIP L4K 5K6 | Country CA |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 3

| | | | |
|--|---|-------------|------------------|
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any) | Family Name or Surname | | |
| Benjamin | Rovinski | | |
| Inventor's Signature | Date <i>March 30, 2007</i> | | |
| Residence: City Thornhill | State Ontario | Country CA | Citizenship CA |
| Mailing Address 40 Lunau Lane | | | |
| Mailing Address | | | |
| City Thornhill | State ON | Zip L3T 5N2 | CA Country CA |
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any) | Family Name or Surname | | |
| | | | |
| Inventor's Signature | | | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City Pommiers | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any) | Family Name or Surname | | |
| | | | |
| Inventor's Signature | Date | | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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| First Named Inventor | Mark Parrington |
|----------------------|-----------------|

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| COMPLETE IF KNOWN | |
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| Application Number | 10/575,060 |
|--------------------|------------|

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|-------------|----------------------------|
| Filing Date | 10/06/2004 (International) |
|-------------|----------------------------|

| | |
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| Art Unit | TBD |
|----------|-----|

| | |
|---------------|-----|
| Examiner Name | TBD |
|---------------|-----|

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Name

Sanofi Pasteur, Inc.

Address

Discovery Drive

City

Swiftwater

State

PA

ZIP

18370

Country

United States of America

Telephone

610-984-4751

Email

pat@pathalloran.com

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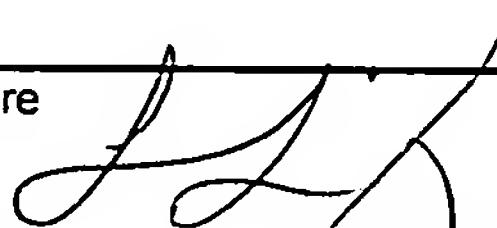
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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])**

Linda

Family Name or Surname

Gritz

Inventor's Signature**Date**

28 Mar 2007

Residence: City

Somerville

State

MA

Country

United States of America

Citizenship

United States of America

Mailing Address
3 Emerson Street**City**

Somerville

State

MA

Zip

02143

Country

United States of America

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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65626

OR

Correspondence address below

Name

Sanofi Pasteur, Inc.

Address

Discovery Drive

City

Swiftwater

State

PA

ZIP

18370

Country

United States of America

Telephone

610-984-4751

Email

pat@pathalloran.com

WARNING:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventor

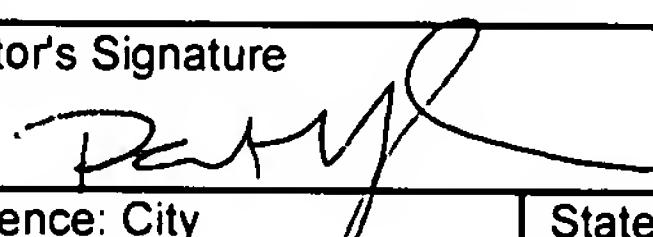
Given Name (first and middle [if any])

Family Name or Surname

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Inventor's Signature



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Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.